



IFW  
AF/1651

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Nesser et al.  
Appl. No.: 09/936,489  
Conf. No.: 7111  
Filed: March 5, 2002  
Title: LACTOBACILLUS STRAINS PREVENTING DIARRHOEA PATHOGENIC  
BACTERIA  
Art Unit: 1651  
Examiner: I. Marx  
Docket No.: 112843-030

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450


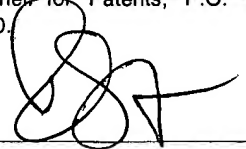
**AMENDMENT**

Sir:

In response to the Office Action dated April 14, 2004, please amend the above-identified patent application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks** begin on page 6 of this paper.

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>112843-030</b>	
Applicant(s): Nesser et al.					
Application No. <b>09/936,489</b>	Filing Date <b>March 5, 2002</b>	Examiner <b>I. Marx</b>	Customer No. <b>29174</b>	Group Art Unit <b>1651</b>	Confirmation No. <b>7111</b>
Invention: <b>LACTOBACILLUS STRAINS PREVENTING DIARRHOEA PATHOGENIC BACTERIA</b>					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	4 -	22 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	2 -	7 =	0 x	\$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> No additional fee is required for amendment.  <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____  <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.  <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>02-1818</b>  <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.  <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. </div> <div style="text-align: right;"> Dated: <b>July 8, 2004</b> </div> </div> <div style="margin-top: 20px;">   _____  Signature </div> <div style="margin-top: 20px;"> <b>Robert M. Barrett</b>  Reg. No. 30,142  <b>BELL, BOYD &amp; LLOYD LLC</b>  P.O. Box 1135  Chicago, IL 60690-1135  Phone: 312-807-4204 </div>					
<div style="border: 1px solid black; padding: 5px;"> I certify that this document and fee is being deposited on  <b>07-08-04</b> with the U.S. Postal Service as first  class mail under 37 C.F.R. 1.8 and is addressed to the  Commissioner for Patents, P.O. Box 1450, Alexandria, VA  22313-1450. </div> <div style="text-align: center; margin-top: 10px;">   Signature of Person Mailing Correspondence </div> <div style="text-align: center; margin-top: 10px;"> <b>Renee Street</b>  Typed or Printed Name of Person Mailing Correspondence </div>					
cc:					